

ISSUE SLIP STAFF AREA (for additional cross references)

09/189,415

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		11/18/95
O.I.P.E. CLASSIFIER		59034	7-11-98
FORMALITY REVIEW	E7		12-3-99

INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral)..... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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